



# City of Casper Planning Division

## Conditional Use Permit Application-Daycare

### APPLICANT'S INFORMATION:

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF FACILITY APPLYING FOR (please check one):

\_\_\_\_\_ **Family Child Care Home/Zoning Review-** A facility in which care is provided for nine (9) or ten (10) unrelated children from more than one immediate family for part of a day in the home of the provider, where a Conditional Use hearing with the Planning & Zoning Commission is required in residential districts.

\_\_\_\_\_ **Family Child Care Center/Zoning Review-** A facility in which care is provided for not more than fifteen (15) unrelated children for part of a day. A Family Child Care Center shall be the principle residence of the provider when such a facility is located in a residential zoning district. A Conditional Use hearing with the Planning & Zoning Commission is required in residential districts.

Maximum number of children cared for in this daycare (including your own): Current \_\_\_\_\_

Days of the week this daycare is operated: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Is the outdoor play area fenced? No: \_\_\_\_\_ Yes: \_\_\_\_\_ If Yes, type and height of fence: \_\_\_\_\_

Number of off-street parking spaces available for daycare customers/staff: \_\_\_\_\_

Number of employees or additional staff at this daycare: \_\_\_\_\_

Name of Department of Family Services (DFS) caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

The use of a residence for a daycare shall be clearly incidental and secondary to the use of the dwelling for residential purposes and shall not change the character of the home or the neighborhood. The care and supervision of children shall be conducted in a manner, which does not create a nuisance to the neighborhood. The outdoor play area shall be fenced and off-street parking shall be provided in accordance with Section 17.12.080 of the Casper Municipal Code. All Family Child Care Homes/Centers shall be approved by the Casper Fire Department.

The following owner's signature, or agent, signifies that all information on the application is accurate and correct to the best of the owner's knowledge, and that the owner has thoroughly read and understands all application information and requirements.

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBMIT TO:  
Community Development Department  
Planning Division  
200 N David, RM 203  
Casper, WY 82601  
Phone: 307-235-8241  
Fax: 307-235-8362  
www.casperwy.gov  
E-mail: dhardy@cityofcasperwy.com

### COMPLETE SUBMITTAL NEEDS TO INCLUDE:

- COMPLETED APPLICATION INCLUDING ORIGINAL SIGNATURES
- PROOF OF OWNERSHIP
- \$275 APPLICATION FEE (NON-REFUNDABLE)

FOR OFFICE USE ONLY:

DATE SUBMITTED:

REC'D BY: \_\_\_\_\_